

TCD Committee September 27, 2018 at DHSS 912 Wildwood Drive, Jefferson City MO – Magnolia Conference Room

Attendees: April Ostendorf, MOFNS, SF Health Care; Sarah Wilson, MHA; Mark Alexander, Cox Health; Kat Probst, Adair Co, MAA; Robin Kiser, AHA; Debbie Leoni, SE Health Care; Dr. Jeff Coughenour, MU; Sarah Luebbert, MOCEP; Pat Mills, MSMA; Dr. Lynthia Andrews, SAC Chair; Heidi Lucas, MO Nurses Association; Ruby Mehrer, MEMSA and Air Ambulance; Terry Ellsworth, BEMS Chief; Dean Linneman, DHSS Director, Division of Regulation & Licensure.

By Phone: Mike Wallace, MARCER; Dr. Sabina Braithwaite, State Medical Director; Gene Bradley, MAA; Pam Jackson, St. Luke's KC; Dr. Sean Nix, St. Luke's KC.

Dean Linneman opened the meeting shortly after 10:00 am. Self-introductions. Dean asked Ruby Mehrer to take notes for a meeting summary.

Drop Box Issues discussed. Alternate emails will be submitted to Dean Linneman, so access can be granted to those having problems.

Dean Linneman provided a summary of TCD funding sorted by states. The committee reviewed the list and discussed possibilities. It was agreed the goal for Missouri is to secure more funds than have been earmarked for TCD in the past and to avoid having any money go through Missouri's budget-- general funds. Arizona was cited as having its trauma budget projected to 2020 and includes growth. No state's template identified that could be directly applied to Missouri. Further review will take place.

The discussion included assessing fees on motor vehicles, drivers' licenses, DUI, speeding fines, persistent offenders' penalties, reinstatement penalties, seat belts tickets, child safety seat offenses, etc. Agreed cigarette tax is not an option. Approach should be to correct under-funding, not seeking a new tax. Dean Linneman will do more research to gather data and to start working on a funding plan to review.

Important to keep all three disciplines (Trauma, Stroke and STEMI) together in whatever approach is taken. Funding needs to be sustainable. Defining needs is necessary before cost can be defined. Suggestion made to include uncompensated care costs. The group needs to determine the best approach to manage the system. Statutes and regulations may need to be changed to allow the best approach for management. Dean Linneman said the budget now has flexibility to be able to accomplish current TCD tasks across the board but future funding must go specifically to the TCD system and be used specifically for that. In response to a question, Dean said there are provisions in the law that allows DHSS/BEMS to have money pass directly to them without going through the general fund.

There was discussion about having a Center for EMS or an Office of Excellence for EMS housed in DHSS, reporting directly to the Director of DHSS. Dean Linneman indicated the current physical location of offices within DHSS facilitates a high level of communication and he does not see issues to address. He will provide an organizational chart for review.

Data Discussion:

Mark Alexander said DHSS must be in charge of data and must adjust personnel and equipment to oversee data.

Sarah Wilson said caution must be exercised when talking about uncompensated care because actions of one group can impact many. Also, it must be recognized that reimbursement is usually several years behind the time

when data is collected, etc. for uncompensated care. Sarah also said MHA has results from a survey sent to hospitals regarding data collection points. She has uploaded info to the Drop Box.

Dr. Braithwaite has discussed the NEMESIS data points with Terry Ellsworth. The highlights of data should be integration, built-in analytics and timeliness. AHA also has Get with the Guidelines data regarding Stroke data system funding.

Jami Blackwell, Cox Health, has been added to the data group to represent trauma.

Differences in being able to track data was discussed. EMS does not have a linear record; each event is separate in EMS charting. Data on repeat patients' transports are not linked in the EMS system which impedes patient tracking. Patient tracking in disasters is also a challenge. Records and medications are not readily available. Creating a unique patient identifier that would always link to the patient across all disciplines is difficult. Teresa Roark works with patient data and says her system has a unique ID for all patients visits so records are linked. EMS needs to have similar system abilities addressed as we go forward.

There was discussion on having a connection to vital records at the state level that would activate whenever there is entry into the healthcare system. Using social security numbers was discussed. Emphasis in the industry recently has been on de-identifying data and on HIPAA rules confusion. The lack of peer review protection for EMS is an issue that can be resolved by passing data through the Patient Safety Organization. Not all EMS organizations participate with PSO. Hospitals are reluctant to share data with EMS with no peer review protection. They are afraid sharing with EMS may provide inappropriate access to hospital data. Legislative approach may be an option for peer review protection.

Conclusion of data points: must encompass all disciplines, information must be able to move back and forth between systems, integration and coordination is important; important components need to be identified and flexibility needs to be built in.

Subcommittees going forward: Rules and Regulations Committee; Finance and Funding; Data. In person attendance will be by appointed committee members but others with expertise may join by phone.

Assignments for next meeting: Review MHA survey results. Review funding chart on Virginia regarding TCD funding and/or provide more info on any other state. Notify Dean Linneman if you add to the drop box so notifications can be sent out. Share ideas of states that does data well with Teresa Roark, teresa.roark@mha.net. Provide info on states that Missouri may be able to use as a model.

Next meeting is October 11, 2018 at 10 am. Same location. A conference call line will be provided. The number will vary but will be on the agenda. Agenda will be posted in the Drop Box a few days before the meeting.

Meeting adjourned approximately 12:00pm.

Summary respectfully prepared by Ruby Mehrer